8/10/22, 4:49 PM

Division of Corporations



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Division of Corporations

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From:

Account Name : EXPAT CONSULTING CORP.

Account Number : I20190000096 Phone : (407)745-1112 Fax Number : (407)641-8083

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: ____ACC@EXPATCONSULTING.COM._

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LEGACY UNIQUE LLC

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From: EXPAT CONSULTING

COVER LETTER

| | gistration Sec dision of Corp | | | |
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| CUB IPCT. | LEGACY U | | | |
| StrbJr.C.1: | | Name of Limi | ted Liability Company | |
| | | amendment and fee(s) are sub- | | |
| | | NILTON CESAR FREGN | 1 | |
| | | | Name of Person | _ |
| | | EXPAT CONSULTING C | ORP | |
| | | | Firm/Company | - |
| | | 8615 COMMODITY CIRC | CLE, SUITE 11 | |
| | | | Address | |
| | | ORLANDO, FL 32819 | | |
| | | acc@expatconsulting.com | City/State and Zip Code | _ |
| | | - | o be used for future annual report notification) | _ |
| For further i | information co | ncerning this matter, please ca | dl: | |
| NILTÓN C | ESAR FREGS | 41 | 407 745-1112 | |
| | Name of | Person | at () | nber |
| Enclosed is | a check for the | e following amount: | | |
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MailingAddress: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

StreetAddress: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

From: EXPAT CONSULTING

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| LEGACY UNIQUE LLC | | | | |
|--|--|------------------------------------|---|--------------|
| (<u>Name of the Limited Liabiti</u> (A Florida | ty Company as it now app Limited Liability Compan | pears on our records.) | | _ |
| The Articles of Organization for this Limited Liability C Florida document numberL19000090290 | ompany were filed on | 04/02/2019 | and | assigned |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limit | ited liability company | here: | | |
| SPORTS DRIVE ENTERTAINMENT LLC | | | | |
| The new name must be distinguishable and contain the words "Lim | ited Liability Company," th | ne designation "LLC" or t | he abbreviation | ı "L.L.C." |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDR | RESS) | | | |
| Enter new mailing address, if applicable: | | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here: | d office address on ou | r records, enter the | name of the | |
| Name of New Registered Agent: | | | <u> </u> | <u> </u> |
| New Registered Office Address: | | | | AH III |
| | Enter i | Florida street address . Florid | AND | : 00 |
| | City | | Zip Co | ode |

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

To: SUNBIZ Page: 7 of 8 2022-08-10 20.55:54 GMT 14076418083 From: EXPAT CONSULTING

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

| MGR = | Manager |
|--------|-------------------|
| AMRR = | Authorized Member |

| Title | Name | <u>Address</u> | Type of Action |
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Typed or printed name of signee

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